

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-976)						Serial No. 10030700	Filing Date 8/6/04	
						Applicant(s)		
						Claims		
	As Filed		After 1 st Amendment		After 2 nd Amendment			
	Ind.	Dep.	Ind.	Dep.	Ind.	Dep.		
1							51	
2							52	
3							53	
4							54	
5							55	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	1	1	1	1	1	1	TOTAL IND.	3
TOTAL DEP.	1	1	1	1	1	1	TOTAL DEP.	31
TOTAL CLAIMS	1	1	1	1	1	1	TOTAL CLAIMS	32